



## STARS Release Form

I \_\_\_\_\_, a child care provider employed in a licensed facility, authorize DEL to give my STARS ID Number/Password one time to my employer.

\_\_\_\_\_  
Employer Name (printed)      Date      Fax # / Phone # or Mailing Address

\_\_\_\_\_  
Provider Name (printed)      Provider Signature      Birth Date      STARS ID # (if applicable)

I \_\_\_\_\_, a child care provider employed in a licensed facility, authorize DEL to give my STARS ID Number/Password one time to my employer.

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Employer Name (printed)      Date      Fax # / Phone # or Mailing Address

\_\_\_\_\_  
Provider Name (printed)      Provider Signature      Birth Date      STARS ID # (if applicable)

[www.del.wa.gov/stars](http://www.del.wa.gov/stars)

E-mail: [stars@del.wa.gov](mailto:stars@del.wa.gov)

Fax: 360.413.3482

Mail: DEL STARS/P.O. Box 40970/Olympia, WA 98504-0970